Scope

Roman House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 7 and 14 July 2015 and was unannounced.

Roman House is a care home in Basingstoke that provides accommodation and personal care for up to 26 people who have a range of needs including learning and physical disabilities. At the time of the inspection there were 20 people using the service. Fourteen people were living in the main single storey building which also housed staff offices and communal areas. Six people were living in two single storey, four bedroomed self contained bungalows which were situated in the grounds next to the main building. Collectively these buildings are referred to as 'the home.'

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us that they felt safe. Staff understood and followed guidance to recognise and address safeguarding concerns. A number of support workers had been identified as Designated Safeguarding Advisors (DSA) who offered additional guidance to support workers when required.

People's safety was promoted because risks that may cause harm in the home and local community had been identified and managed. People were assisted by support workers who encouraged them to remain independent whilst keeping them safe.

Robust recruitment procedures were in place to protect people from unsuitable staff. New support worker induction training was followed by a period of working with experienced colleagues to ensure they had the skills required to support people safely.

People were protected from the unsafe administration of their medicines, because support workers were trained to administer medicines safely. Staff competence was reviewed regularly to ensure medicines were administered safely

People were supported by staff to make their own decisions. Support workers were not always able to identify the key principles of the Mental Capacity Act 2005 (MCA 2005). However staff were able to demonstrate that the complied with the requirements of the act when supporting people. This involved making decisions on behalf of people who lacked the capacity to make the specific decision for themselves. The home promoted the use of Independent Mental Capacity Advocates (IMCA) where people were unable to make key decisions in their life. This is a legal right for people over 16 who lack mental capacity and who do not have an appropriate family member or friend to represent their views. This ensured any decisions were made in a person's best interests. Support workers sought consent before carrying out care, treatment and support.

The Care Quality Commission monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate Deprivation of Liberty Safeguards (DoLS) applications had been made to the authorising body to ensure that any restrictions placed on people's liberty had been lawfully authorised.

People were supported to eat and drink enough to meet their nutrition and hydration needs. Support workers assisted people to make choices about their food and drink, and where possible people were encouraged to participate in preparing their meals. People at risk of malnutrition had been assessed to ensure that their needs were being met and that their health was being maintained.

People's health needs were met as the registered manager promptly engaged with other healthcare agencies and professionals to maintain people's safety and welfare.

Support workers demonstrated that they knew and understood the needs of the people they were supporting. People had been involved in agreeing the décor of the home and each room was decorated to that person's individual tastes. People were encouraged and assisted by support workers to make choices about how they wanted to spend their time each day.

We observed that people were treated respectfully by staff and relatives confirmed that support workers respected people's dignity.

People were encouraged and enabled to be as independent as possible. Support workers followed guidance to enable people to participate in and complete tasks for themselves, and some people were supported to participate in external activities, including holidays abroad.

Care plans were personalised to each individual. They contained detailed information to assist support workers to provide care in a manner that respected people's individual needs and wishes. Support workers met with people monthly to review and update their care needs. There were monthly resident meetings where people were encouraged to raise and discuss issues.

People and relatives told us they knew how to complain and told us they were happy to do so if this was required. Procedures were in place for the registered manager to respond to complaints in an effective way. Complaints were investigated thoroughly. Actions identified from

Summary of findings

complaints were completed and implemented promptly. This ensured the quality of the service was maintained and people's safety and welfare were in the forefront of all actions taken at the home.

The provider had a Service Users Rights policy which detailed the standards of care that people should expect from support workers. Support workers understood these and they were embedded in the one to one supervision process to reinforce their value. We saw that support workers put these standards into practice when delivering people's care.

The registered manager and support workers promoted a culture which focused on providing person centred care. People were assisted by support workers who were encouraged to raise concerns with the registered manager who operated an 'open door' policy. As such the registered manager was accessible and supportive to people and support workers .

Support workers understood the need to provide high quality care for people and we could see that this was being delivered.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safeguarded from the risk of abuse. Support workers were trained to protect people from abuse and harm and knew how to report if they had any concerns.

There was a robust recruitment process in place. Support workers had undergone thorough and relevant pre-employment checks to ensure their suitability.

People were assisted by adequate numbers of skilled and competent support workers.

Contingency plans were in place, known and practised by support workers to cover unforeseen events such as a fire.

Medicines were safely stored and administered by trained support workers whose competency was regularly reassessed by the medicines trainer

Is the service effective?

Good

The service was effective.

People were assisted by support workers who knew them as individuals and understood the support and care they required.

People were supported by staff who demonstrated an awareness of how to offer choice and make best decisions for people. Support workers were not always able to identify the key principles of the Mental Capacity Act 2005 (MCA 2005). However they evidenced that they understood how to support people effectively so their needs were met.

People were supported to eat and drink enough to maintain their nutrition and hydration needs. The provider's menu offered a choice of food which met people's likes and preferences.

Support workers assisted people to seek healthcare advice and support when this was required.

Is the service caring?

Good

The service was caring.

People had positive relationships with support workers. Support workers were motivated to develop relaxed and enjoyable friendships with people.

People were encouraged to participate in creating their personal care plans. Relatives and those with legal authority to represent people were involved in planning and documenting people's care. This ensured people's needs and preferences were taken into account when developing their care plans.

Care was given by support workers in a way that was respectful of people and their right to privacy.

Is the service responsive?

Good

The service was responsive.

People's needs had been appropriately assessed. Support workers reviewed and updated risk assessments on a regular basis with additional reviews held when people's needs changed.

Summary of findings

People were encouraged to make choices about their care and activities.

There were processes in place to enable people to raise any issues or concerns they had about the service. Any issues, when raised, had been responded to in an appropriate and timely manner. Learning took place following complaints in order that there were no repeated incidents.

Is the service well-led?

The service was well-led.

The home promoted a culture which was focused on providing person centred care. People were empowered to be independent where appropriate.

The registered manager was visible in the home. Support workers told us they were able to approach them to raise concerns and felt they provided good leadership. There were clear lines of accountability and support workers understood their roles.

Detailed quality and audit systems were in place and the registered manager used these to improve the quality of the service.

Roman House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory function. This inspection checked whether the provider was meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the

overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 7 and 14 July and was unannounced. The inspection was

conducted by an inspector and an Expert by Experience who spoke with people and support workers. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience had experience of caring for a family member with learning disabilities.

Before this inspection we looked at previous inspection reports and notifications received by the

Care Quality Commission (CQC). A notification is information about important events which the

service is required to send us by law. We also looked at the provider's website to identify their published values and details of the care they provided.

The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with/observed 17 people, spoke with 11 support workers and the registered manager. We looked at five people's care plans, four of the same people's daily care notes, and five support worker recruitment files including supervision and training records. We also looked at support workers' rotas for the dates 15 June to 12 July 2015, quality assurance audits, four people's medication administration records (MARs), fire emergency contingency plans, the provider's policies and procedures and complaints management. Following the inspection we also spoke with four relatives.

Not everyone was able to verbally share with us their experiences of life at the home. This was because of their complex needs. We therefore spent time observing people being supported. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The service was previously inspected on the 31 October 2013 where no concerns were raised.

Is the service safe?

Our findings

People told us they felt safe living at Roman House. This was confirmed by relatives who told us their families were kept safe, "Absolutely, 100%". We observed personable interactions between support workers and could see from people's relaxed body language that they were comfortable in support workers presence.

Support workers were able to demonstrate their awareness of what actions and behaviours would constitute abuse, and provided examples of the types of abuse people could experience. Support workers were knowledgeable about their responsibilities when reporting safeguarding concerns. The provider's policy provided guidance for support workers on how and where to raise a safeguarding alert. We saw that this information was available in the support workers' office. The registered manager had also identified support workers who acted as Designated Safeguarding Advisors (DSAs). DSAs were available to support workers to provide guidance and assistance in the event that staff wished to raise concerns. Support workers received training in safeguarding vulnerable adults and were required to refresh this on an annual basis. People were protected from the risks of abuse, because support workers understood the signs of abuse, and the actions they should take if they identified these.

Risks to people's health were identified and guidance provided to mitigate the risk of harm. All care plans included assessed areas of risk including people's mobility, moving and handling needs and nutritional risks, such as food aspiration. This is where food is taken into the lungs and not the stomach. Appropriate actions had been put in place to reduce the risk of this harm by providing specially thickened food and fluids. Support workers knew these risks and were able to demonstrate in their physical interactions how they ensured people's safety. Records showed that people had received the appropriate treatment which followed their risk management plans. Risk to people's care were identified and documented, and support workers knew how to support people's needs safely.

Robust recruitment procedures ensured people were assisted by support workers with appropriate experience and of suitable character. Support workers had undergone detailed recruitment checks as part of their application and these were documented. These records included evidence of good conduct from previous employers in the health and social care environment. Recruitment checks also included a Disclosure and Barring Service (DBS) search. The DBS helps employers make safer recruitment decisions and helps prevent the employment of support workers who may be unsuitable to work with people whose needs and conditions make them vulnerable. People were kept safe as they were cared for by staff assessed as suitable for the role of support worker.

During the inspection one person raised concerns that staffing levels were not always sufficient to meet their needs. The home was currently operating with three full time support worker vacancies. Recruitment to fill these vacancies was in place. The registered manager explained how the provider considered people's needs when agreeing staffing levels for the home. People's dependency was reviewed on a monthly basis and minimum staffing levels were identified. The records showed that the home routinely operated with above minimum staffing levels. Where shortfalls in the rotas had been identified these had been supported by the use of agency workers. The registered manager ensured consistency of care by using a regular pool of agency staff. There had been occasions, due to staff sickness, where support workers were working at the minimal staffing level. However support workers told us, and records showed that they were still able to meet people's needs by prioritising immediately required care. Tasks such as housekeeping were completed as a lower priority when time allowed. People were cared for by sufficient numbers of support workers to meet their needs safely.

People were protected from harm because support workers knew the provider's emergency procedures. In the event of an evacuation each person had a detailed plan in their care plans and by the fire door. These detailed the number of support workers required to move each person, and any verbal or physical communication actions required in order to safely assist people. Records showed that evacuation processes were practised on a regular basis to ensure that in the event of an emergency support workers understood their roles and responsibilities. People were protected from the risk of harm in the event of a fire as individual assessments had been made of people's needs and support workers were knowledgeable of the actions required to keep people safe.

Is the service safe?

Arrangements were in place for the safe storage, administration and disposal of medicines. Support workers involved in administering medicine received additional training from external agencies to ensure they did so safely. The home also had their own medicines trainer who provided refresher updates to support workers. Support workers were subject to annual competency assessments to ensure that medicines were administered safely. There were clear arrangements in place to ensure that people were protected from receiving the wrong medicines. Medicines were mostly administered using a monitored dose system from blister pack. This is where medicines are placed into individual boxes for each person to be taken at specified times. People's medication administration records documented what medicines were required, the reasons for the administration and the right method to be used, for example orally or via a stomach tube. We observed support workers administer medicines safely with the correct medicine being administered at the right time by the right method.

There was a medicine fridge which was kept at the appropriate temperature for storage. Records confirmed a safe temperature was maintained. All medicines were stored securely in a locked cabinet which was secured to a wall in a locked medicines room. Medicines stocks we checked correctly corresponded with stocks recorded. Controlled drugs medicine stocks were audited daily. Some prescription medicines are controlled under the Misuse of Drugs Act 1971, these medicines are known as controlled drugs or medicines. They are subject to stringent storage conditions which were met. Controlled medicine stock levels were correct and corresponded with the controlled medicines records. People received their medicines safely because support workers were trained and competent to administer medicines, and followed safe procedures to manage people's prescribed medicines.

Is the service effective?

Our findings

People we spoke with were positive about the support workers ability to meet their care needs. Support workers promoted people's ability to remain independent. One person with a visual impairment told us "I do all my own washing and cooking" and was seen to be enjoying the tasks of placing washing into the washing machine.

New support workers received an effective induction into their role at Roman House. This induction had included a period of shadowing to ensure they were competent and confident before supporting people. Shadowing is where new support workers are partnered with an experienced support worker as they perform their job. This allows new support workers to see what is expected of them. Support workers had undertaken training such as manual handling, food hygiene, and safeguarding adults to enable them to conduct their role. Support workers were also encouraged and able to ask for additional training in areas that interested them. A support worker we spoke with told us, "If you're interested, they (the registered manager) will definitely put you forward for it". This person had requested and completed a sign language course so they could have alternative means to communicate with people. New support workers were provided with the guidance and information they needed to enable them to undertake their duties safely.

The provider ensured people's freedom was not unlawfully restricted without authorisation. The CQC monitors the operation of Deprivation of Liberty Safeguards (DoLS) which applies to residential homes. The DoLS are a legal process to protect the rights of people using the service to ensure that there are no unlawful restrictions made to a person's freedom and liberty. At the time of our inspection there had been two applications submitted, one had been approved and the other was being processed by the relevant authority. People's rights were protected as the registered manager understood and followed the legal requirements in relation to DoLS.

People were supported to make decisions when they lacked the capacity to make them for themselves. Support workers were not always able to identify all the principles of the Mental Capacity Act 2005 (MCA 2005). However, all support staff were able to demonstrate that they complied with the MCA 2005. This involved making decisions on behalf of people who were unable to make specific decisions for themselves. The home promoted the use of Independent Mental Capacity Advocates (IMCA) for people unable to make key decisions in their life. This is a legal right for people over 16 who lack mental capacity and who do not have an appropriate family member or friend to represent their views. Support workers told us, and records showed, that they were able to respond appropriately when people were no longer able to make decisions which could affect their heath. The registered manager identified a person who required a healthcare professional's treatment however, at that time, was unable to make the decision to agree to this for themselves. A IMCA conducted an independent assessment on this person's ability to agree to specific treatment. During which it was identified that this person was not able to make the decision for themselves. As a result a best interest decision was made that this treatment was necessary for this person's health and wellbeing. We saw that support workers assisted people to make decisions and sought consent before carrying out care and support.

Support workers received regular supervision and appraisals with the registered manager and their team leaders. Supervision and appraisals are processes which offer guidance, assurances and learning to help support worker development. Support workers told us, and records confirmed, that supervisions occurred every six to eight weeks. This process was in place so that support workers received the most relevant and current knowledge and support to enable them to conduct their role effectively.

People praised the food provided, and we observed people enjoying their meals . One person told us, "I cook all sorts of things and am able to have all that I like", and a relative told us, "It's been better since they haven't had the chef". We saw that people were given choice at lunchtime when they did not want to eat what was on the menu. Support workers encouraged people to eat and made several options available so people could decide. Where possible people were supported to create their own meals. The kitchen work surfaces in the bungalows had been lowered to allow people in wheelchairs easy access. People were provided with the ingredients for meals they chose. Support workers assisted them to prepare their meals. During meal times people were provided with adapted plates to make mealtimes easier for them to manage independently. During a residents meeting people expressed their enjoyment of Portuguese food prepared by one support worker, and we noted this request was

Is the service effective?

accommodated. Support workers understood who required a pureed, soft or normal diet. Snacks and drinks were readily available. People had fluids available to limit the risk of dehydration. Where people needed encouragement to eat support workers provided this. People received sufficient foods and fluids to enable them to maintain their nutrition and hydration needs.

People could access health care services when needed. People's health care plans demonstrated that their health needs had been identified and addressed, for example by regular contact with the GP. People had been seen by nurses, dentists and opticians when required. People were able to see the duty doctor when their usual GP was unavailable. The support workers would then ensure that people's regular GP's would then attend. This was to review and ensure that person's best interests, using their previously acquired knowledge, were being met. People were supported and were able to have their healthcare needs met by the most appropriate healthcare professional.

Is the service caring?

Our findings

People experienced happy relationships with support workers. One relative told us "I think some of them (support workers) are exceptional". Another relative confirmed this. "The staff are caring, absolutely, absolutely, definitely". The manager and support workers used their extensive knowledge of people's backgrounds and life stories to drive informed, happy and caring interactions with people.

Support workers were able to tell us about people's interests, preferences and hobbies. Support workers took time to chat with people when passing in the home and as they assisted people with their support and care. People appeared to be happy when talking with support workers and reacted positively in support workers' company. People assisted at mealtimes were given time to eat each mouthful before being presented with another, so that it was an enjoyable and unrushed time. Conversations during meal times were positive. Support workers recognised visual cues from people who were not enjoying their meal and took time to find and offer alternatives until people were happy. People were supported by support workers who were caring in their approach.

Support workers knew how to comfort people who were in distress and unable to verbally communicate their needs. People's care plans detailed the facial expressions, body language and verbal cues people would make to express their discomfort if they were unable to explain verbally, as well as the actions required in order to comfort them. For example some people would make loud noises when uncomfortable. Records guided the support worker to react appropriately, for example by speaking calmly, offering reassurance and identifying the source of the person's distress. During the inspection one person became upset. Support workers knew the cause of this person's distress and were able to respond in a caring way. The support workers soothed the person by talking about areas in their life that provided comfort and had a positive impact on their mood. All support workers were able to explain how they would respond appropriately to people's distress. Support workers displayed affection for people they assisting by touching them whilst speaking to them, holding their hands when offered or to comfort them and people were smiling as a result.

People were treated as individuals and encouraged to make choices about their care. This included how they wanted to spend their day and where they would like to sit. Support workers assisted people's regular routines and preferences, such as seating in the dining room. During the inspection we were asked to move from where we were sitting so that a person could be in their favourite seat. This demonstrated that that support workers knew and promoted people's choices. People were able to choose what time they wanted to get up and go to bed, and preferences were documented in people's care plans. People were provided with choice in a way that was easy for them to understand and respond to.

The registered manager recognised the need to find new methods to encourage people to effectively communicate their wants and needs. The registered manager was pursuing the purchase and individual adaptation of a communication device for one person. The person's relative told us the registered manager had been consistently chasing the arrival of this item. This would allow the person to communicate their needs much easier to support workers and allow for more interaction.

People were encouraged by the provider to personalise their room and living spaces. All the bedrooms were personalised and decorated to reflect people's interests. People were actively involved in making decisions about how they wanted their bedrooms and the communal spaces decorated.

People were treated with respect and had their privacy maintained at all times. One relative told us, "He is treated with kindness and fairly". We saw support workers always knocked on people's doors asking permission to enter. Support workers provided examples of how they respected people's dignity and wishes. One support worker told us that they would always take a large number of towels into the bathroom for one person as they didn't like being cold. Towels were used to cover people so that their dignity was maintained when they were being moved from their rooms to the bathrooms. Bedroom doors were always closed when personal care was being provided. People's dignity was respected by keeping their appearance maintained. People were well dressed and their hair and nails were clean and tidy. One support worker told us how one person liked to be dressed and presented. We could see that this person was dressed in the way that they wanted. People were assisted by support workers who provided them with care and respected their dignity.

Is the service responsive?

Our findings

Relatives confirmed that where appropriate they had been involved in the planning of people's care to ensure it was individualised to that person's preferences and needs. People who had been appointed Power of Attorney (PoA) for health and welfare were consulted about people's care as appropriate. A PoA is a lawfully authorised representative to make decisions for people when they are unable to do so for themselves. One relative told us they had been involved but "she also decided what she wanted for herself".

People's care needs had been fully assessed and documented before they moved into the

home. This planning took into account people's history, short and long terms goals for the future as well the activities important to them. For example, people's spiritual needs were met by the provider as support workers assisted people to go to the local church to take part in the Sunday service. The home no longer had a mini bus in order to transport people to and from services. One person told us that using taxis to attend had been expensive so they had not always able to go to church when they had wanted. In order to meet people's needs one support worker had recently and permanently changed their shift to be able to assist people who wished to attend church.

People's individual needs were regularly reviewed and care plans provided current information for support workers to follow. People were supported by their care worker to express their views and formally discuss their care. Where people had asked for changes to be made to their care plans this had been risk assessed and acted upon. Support workers told us they reviewed care plans on a monthly basis to ensure that the information contained within remained current.

Support workers had taken time to get to know the people they assisted. One person was not able to eat solid food and was fed via a Percutaneous Endoscopic Gastrostomy (PEG). This is a tube which is placed into a person's stomach when they are unable to take food orally. This person's care plan had detailed support worker guidance to keep the person busy during meal times so as to not feel isolated from other people. We saw support workers read and followed this guidance.

Support workers' handovers were held between each shift to ensure that staff were aware of people's rapidly changing needs. Support workers were knowledgeable about people's changing emotional and physical needs. For example, one person had expressed they had been suffering some pain that morning. During the handover support workers held a detailed discussion about that person's physical needs and what action had been taken previously regarding their symptoms, resulting in a GP visit. The morning support workers ensured that the advice provided was understood by those supporting this person in the afternoon. This detail ensured an effective handover process to ensure people's changing needs and support were understood and met .

People, friends, family and healthcare professionals were involved in planning people's care to ensure that is best met their needs. One relative with PoA for health and welfare told us they were involved in their relative's care planning. The registered manager told us that some people's families did not wish to engage when completing their care plan, preferring to leave decisions to people living at the home. On these occasions support workers would involve the person, their social worker and medical professionals to create a fully personalised care plan to best meet that person's needs. Records showed this was happening. Relevant people were involved in planning care for people to ensure it was person centred and individual.

The registered manager sought to engage people in meaningful activities. A number of people were also supported to take part in activities in the local community. One person told us, "I go to work on Tuesday and Wednesday at a furniture repair shop, I really enjoy it". Other people were supported to attend evening classes and to the local gym. People were also supported to go on foreign holidays personalised to meet their interests. Support workers knew people's preferences and asked them what they would like to participate in. The home engaged with outside agencies and therapists to enrich people's experiences in the home. An aroma therapist visited the home once a week to provide relaxation therapy for people. The registered manager and the support workers were constantly attempting to find options to support people with their social interactions. When people's preferred activities had been suspended due to external influences, such as the closure of a local day centre, alternatives were being actively sought which included activities at a local discovery centre. Where

Is the service responsive?

people had expressed a particular preference for a TV channel to be shown in their room we could see that this was being provided. The registered manager and the support workers were aware of the importance of people being involved in social interaction. They were attempting to find a number of options for people who were at risk of becoming socially isolated due to their specific health needs. Trips had been arranged when the weather was suitable, however the loss of the mini bus made it harder for people to participate as a group. The registered manager told us that people had not always wanted to go out in a large group, so they were supporting people to remain independent by using public transport were possible to attend external events. During the inspection one person was being assisted to go for a birthday meal with two people from the home he wished to celebrate with. The registered manager attempted to provide people with individualised activities.

Relatives told us they knew how to make a complaint and felt able to do so if they needed. People were confident that they could speak to support workers or the manager to address any concerns. One relative told us they were "Happy they (support workers) would deal (with any complaint) absolutely". The provider kept a complaints folder and we reviewed a recent complaint. A person had complained that they felt their relative was not eating sufficient nutritional food to meet their needs. However this person had not been losing weight. In response to the complaint the registered manager acted appropriately. Within four days this person had seen a GP, a nutritionist and a speech and language therapist to ensure that their needs were being met. The registered manager had responded appropriately to the complainant in a reasonable time scale with a detailed response of what action they had taken. This person's complaint had been addressed and responded to appropriately.

Is the service well-led?

Our findings

The registered manager was visible to people, support worker and visitors to the home. The registered manager was able to demonstrate that they had a good understanding and knowledge of the people they supported. The promotion of this long standing member of staff to registered manager provided people, support workers and relatives with a familiar and consistent face with whom to address concerns if required.

Relatives and support workers told us that communication had improved as a result of the promotion of the registered manager. This had also provided relatives with the opportunity to provide feedback on the quality of the service. Relatives told us they were kept informed when changes to care had been identified or requested. One relative told us, "I always see her (the registered manager), she always comes to talk to us". Another relative told us, "They're all very good at ringing me up and if there's ever a problem they ring me up straight away so that's good". People knew who the registered manager was and were happy to speak with her when they needed to.

Relatives and support workers had positive views regarding the leadership of the registered manager. The location operated an on call out of hours facility which was available to people, relatives and support workers to raise concerns or request support. Support workers said that on occasions the registered manager had come into work at weekends to assist them when required to cover short notice staff absence. The registered manager demonstrated good management and leadership by being a visible and approachable presence to support workers, people and their relatives.

The provider had a set of written values for the service outlining the standards of care that were

required and expected of the support workers. These were given to each person as they moved to the home so they knew what to expect from those who were supporting them. These core values were called the 'Service Users Rights' and included people's rights to feel safe, have the right to be involved in their care planning, have the right to be treated with dignity and respect and the right to complain about any aspects of their support or care. This information was also provided to support workers. Records showed that these values were reinforced with support workers through their supervisions and reviews to ensure they remained at the core of how care and support was delivered. We observed support workers displayed these values when interacting with people.

The provider promoted a positive, supportive and inclusive culture within the service. One support worker told us, "It's a very open culture, I don't think anyone feels that they can't approach the manager". One relative told us, "I always see a very friendly atmosphere in there". The manager told us that they had an 'open door' policy which meant they were always available to be spoken to by support workers, people and visitors. Support workers felt the registered manager's willingness to assist in the practical support also helped them feel supported. One support worker told us, "When it has been busy she gets the apron on and mucks in and gets involved and that gets my respect".

The registered manager was keen to promote a culture at the home which focused on people's experiences and sought information on how they could improve. Minutes from the last two residents meetings showed people were actively encouraged to provide feedback on the quality of the service they were receiving. People were involved in the running of the home from choosing décor to menu choices, and their opinions were valued and implemented when possible. Feedback from these meetings was used by the provider to improve the experience for people living at the home. During one meeting one person raised concerns about a leaking shower at the home which was causing the carpet outside their room to become wet. The registered manager acknowledged that they had identified this and were working to address the problem. At the following meeting it was confirmed that the necessary action had been taken to address the situation

Support workers identified what they felt was high quality care and knew the importance of their role to deliver this. One support worker told us, "It's something that money can't buy, it's how people treat you, it's how your opinions matter, it's quality over quantity, top standard care tailored to them (people)". Support workers were motivated to treat people as individuals and support them in a way that people wished to be supported. One support worker told us, "I treat people how I want to be treated, I think just because this person isn't my family why should I treat them any differently". Relatives told us they could see this in action. One relative told us, "They (staff) know everyone very well inside and out, they genuinely care for people,

Is the service well-led?

nobody is paying lip service, there are dedicated genuine friendships with those who live there, the carers, the manager and the administration lady". We saw interactions between people and care workers were friendly, informal, relaxed and jovial. People were assisted by support workers who were able to recognise the traits of good quality care and ensured these were followed.

The quality of the service people experienced was monitored through meetings, audits and observations of support workers in their roles by their team leaders. The provider conducted a number of audits on the quality of the service provision. The results of these quality assurance audits were all placed on a Service Improvement Plan (SIP). Records showed that when issues had been identified this SIP generated an action plan. This was an accountable audit trail of issues identified, the actions required to address the issue, and allocation of responsibility to ensure required actions were completed. Records showed that the last audit in May 2015 had identified that the carpets required replacing at the location. The registered manager had taken prompt action to address the issue identified. Quotes had been obtained and they were confirmation to place their order. The provider conducted monthly themed visits, such as Human Resources and Safeguarding. These visits included unannounced management service visits completed by the area manager. At the last management service visit in May 2015 recommendations had been to clear the hallway of additional equipment. This was to improve the environment for people living at the home. This had been completed by the time of the inspection showing prompt action had been taken to address minor issues identified. We could see that there was a theme of prompt responding to issues identified through the use of quality control audits. The provider and registered manager used robust quality assurance systems to ensure that high quality care was delivered.